

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/03/2016
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NAME OF PROVIDER OR SUPPLIER  CRYSTAL PINES REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH ILLINOIS AVENUE CRYSTAL LAKE, IL 60014
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S9999 Final Observations

Incident Report Investigation to April 22,  
2016/IL85047

STATEMENT OF LICENSURE VIOLATION:

300.610a)4  
300.1210b)  
300.1210d)2)6  
300.3240a)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

4) A policy to identify, assess, and develop strategies to control risk of injury to residents associated with the lifting, transferring, repositioning, or movement of a resident.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with

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Attachment A  
Statement of Licensure Violation

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/13/16

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CRYSTAL PINES REHAB & HCC

335 NORTH ILLINOIS AVENUE  
CRYSTAL LAKE, IL 60014

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each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

2) All treatments and procedures shall be administered as ordered by the physician.

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements are not met as evidenced by:

Based on observation, interview and record review, the facility failed to transfer R1 in a safe manner. This failure resulted in R1 having to be lowered to the floor, sustaining a fracture to her right femur.

This applies to 1 of 4 residents reviewed for transfers in the sample of 4.

The findings include:

The Physician order sheet dated May 2016 shows R1 has a diagnoses that include Dementia, Anxiety and Convulsions.

The Minimum Data Set (MDS) dated February 16, 2016 shows R1 is severely cognitively impaired and needs extensive assist of 2 or more staff for bed mobility and transfers.

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S9999	Continued From page 2  A progress note for R1 dated April 17, 2016 documented by E3 RN (Registered Nurse) shows that E4 CNA (Certified Nursing Assistant) lowered R1 to the floor during transfer from bed to chair. R1 laid on her right side. E4 then assisted R1 into padded reclining chair. R1 was already in her padded reclining chair in the hallway before E4 notified E3. The Assessment of R1 showed an increase in agitation, combativeness and striking out. R1 was uncooperative with ROM-(range of motion) in the upper extremity. On May 2, 2016 at 10:05 AM, R1 was in bed asleep with immobilizer intact on her right leg. On May 2, 2016 at 10:20 AM, E3, RN (Registered Nurse) said that on April 17, 2016 she was informed by E4 (CNA) that she was in the process of transferring R1 and had to lower R1 to the floor. E4 had assisted R1 to her chair before E4 made E3 aware of the incident. E3 stated " the protocol for this facility is no resident should be moved without the nurse assessing the resident first. " E3 said E4 transferred R1 by herself. E3 said, R1's transfer status should always be 2 person assist. E3 also said during her assessment with R1, R1 was agitated and combative. On May 2, 2016 at 10:45 AM, E4 said that on April 17, 2016, she was trying to transfer R1 by herself from bed to her padded reclining wheelchair. E4 said during the transfer, she (E4) kicked the garbage can and lost her balance so she was not able to completely put R1 in her chair. R1 was on the edge of the chair. E4 said she was not able to lift R1 to position her better to the chair, so she sat R1 down to the floor. R1 was on her right side with her knees towards the left. E4 stated " I lifted R1 by myself from (the) bed to (the) chair." E4 said she lifted R1 again by herself from the floor to the bed. E4 said she is aware that R1 is a two staff assist on transfers	S9999		

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S9999	Continued From page 3  but "the other CNA's were busy." E4 also said she did not tell the nurse about what happened until R1 was already back in her chair sitting in the hallway. May 2, 2016 at 10:40 AM, E2 (Director of Nursing) said R1 is a 2 transfer assist. E2 also said, residents that had fallen should never be moved until a nurse has assessed the resident and safe to be moved. On May 2, 2016 at 12:00 PM, Z2 (Hospice nurse) and Z3 (Hospice CNA) both said they were in the facility on April 20, 2016. (3 days after the incident.) R1's right leg was swollen and R1 was complaining of pain in her right leg. R1's Doctor was notified and an order for x ray was received. The radiology report dated April 21, 2016 shows R1 has a Fracture of the femur. On May 2, 2016 at 1:30 PM, Z1 (physician) said R1's fracture in the Right Femur was caused by the fall (on April 17, 2016.) R1's fall risk assessment dated February 5, 2016 shows R1 is high risk for falls. R1's Care Plan on Activities of Daily Living with a revision date of November 20, 2016 shows R1 is a 2 person extensive assistance with transfers. R1's Fall Care Plan dated June 2, 2015 shows R1 has gait/balance problems but did not show any interventions on transfers A facility document entitled in service Education dated April 21, 2016 states: If a resident experiences a change of place (falls) prior to assisting resident to original position, (an) assessment must be completed by (a) nurse before assisting a resident. On May 2, 2016 at 2:35 PM E2 (DON) said the facility has no policy on Transfers.  (B)	S9999			